

Category : **Sedation - analgesia**

A215 - Ethical evaluation of sedation and analgesic practices during end of life care in south african intensive care units.

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Introduction:

Intensive care units are tasked with the mammoth responsibility of caring for the sickest patients. These patients are often in critical condition and despite best medical therapy, mortality remains high. The end of life scenario is commonplace in these units placing health care staff under immense occupational and emotional pressure. In South Africa these pressures are compounded by additional issues of financial constraints and limited resources on the background of great demand. The author explores the impact of these external factors on the ethical and moral standing of intensivists when contending with end of life decisions.

Methods:

A cross-sectional, descriptive analysis was performed on data obtained from an anonymized questionnaire survey of healthcare workers in the intensive care unit. The questionnaire was developed and guided by similar studies and covers aspects of end of life decisions, sedation and analgesia and explores the pressures of the critical care environment. Face validation of the survey was performed. Ethical clearance obtained via Stellenbosch University REC 11786. All intensivist responses were analysed using SPSS version 21.

Results:

79 South African intensivists participated in the survey. 82% of respondents indicated severe patient burden and bed pressure. More than 90% of respondents indicated that they found it morally acceptable to administer sedation and analgesia despite the anticipated hastened death. These intensivists go on to admit that bed pressure and financial constraints factor into their end-of-life care decision making.

Conclusion:

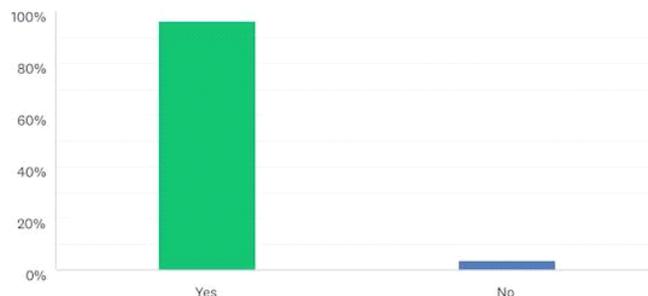
The moral arguments regarding hastening death and euthanasia is unearthed in the South African intensive care arena, as the results of the survey uncovers the strain of severe bed pressure and financial constraints faced by intensivists. These entities are admittedly factored into end-of-life decision-making, particularly in terms of sedation and analgesic practice, in which hastening death is viewed positively by this cohort.

Image :

Figure 2 :

I feel it is morally acceptable to provide analgesia or sedation in the terminal patient even if it may hasten death

Answered: 79 Skipped: 0



Moral acceptance of analgesia or sedation in hastening death.